)	y item of infor-	S should state	t of OCCUPA.	
	NT RECORD. Ever	LY. PHYSICIAN	. Exact statemen	
OR BINDING	S A PERMANEN	tated EXACT	roperly classified	
MARGIN RESERVED FOR BINDING	-WRITE PLANIY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	-WRITE PLANTY, W	mation should be carefu	CAUSE OF DEATH in 1	

N. B.-WRITE PL.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 5339
1. PLACE OF DEATH	215-m 13C
County a least	
Village or Cit Cutsell Ofising Ser	Registration Dist. No. 7
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.5 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ULENNIE BARNE	S
(a) Residence: No. 1424 Inc Gulloh	St. Ward Saltmone Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yor)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) ASH 1 1894	I last saw h alive on
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 4.4.7.A.m.
119 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Forter SAWYER, BOOKKEEPER, etc.	Co clay to cy twee
9 Industry or husiness in which	that shift
work was done, as SILK MILL, SAW MILL, BANK, etc	1 ocus Jopay.
10. Date deceased last worked et this occupation (month end year)	A. R.C. Dodson- Chariffen
10.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	V
~	
13. NAME UNKNOWN	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Villeau Baires	23. If death was due to externel causes (VIO) NCF) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homiciant Date of injury -10, 1937
Chr. h	Where did injury occue (Specify city or town county and State)
17. INFORMANT THE CALL DAMES (Address) /HLH OM & Bulloa St	Specify whether injury occurred in INDUSTRY, in HOME for in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Mt. (Delier Country Date Max 10 72.1957	Menner d'injury Collady yett leuk
0 1 0 1 0 9	Nature of injury Ruces and
19. UNDERTAKER GRENIFOLD Le Laddis	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 2101 Me Bullion St	If so, specify
20. FILED 5-10 1957	(Signed) Mentey W. Leffeld
Registrar.	(Address) / / Cerone

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UN 2 1931	1921	Run over by street car	1 week ago
Corobral homorphage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

KD. Every item of infor-

STATE OF MADVIAND_CEDTIFICATE OF DEATH

ROK?

1. PLACE OF DEATH	CLINITICATE OF DEATH 3000
County Cecil Co	(8250)
Village or City Port orport and	Registration Dist. No.
7-	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrsmo	sds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME John S. Beaven	If U. S. Veteran, specify WAR
(a) Residence No. Jart Defroit	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. Nex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (wyse the word)	21. DATE OF DEATHMAN 3/
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
Deaven Seaven	may 26, 1937, 10 May 31, 1937
6. DATE OF BIRTH (month, day, and year Way 25, 1860	I last saw h alive on 31, 1937; daath is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date statad above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, Talente	apaplely Cerebral p
SAWIER, DUNNEEPER, OC.	Kinistorthoop of brain 5/26
9. Industry or business in which work was done, as SILK MILL Own Farm SAW MILL, BANK, etc.	VTO,
10. Date daceased last worked at this occupation (profile end 1937 11. Total time (years) spant in this	\$.731/3
year) Letting occupation	Other Coatributery Causes of Importance;
12. BIRTHPLACE (city or fown) lock he Count	artinis Stlerman Jan 36
(State for country)	70
13. NAME Still My. Seaven	J7/37
13. NAME SULL W. Saver 14. BIRTHPLACE (city or town) Willsborrough	Name of operation A dark Data of
(Stata or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Wary Sterrett	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Coth De Clark	Accident, suicide, or homicide?
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT CHILLIAN SCHOOL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 3007 Brighton of Balto Mil.	No winy
Pige Hof wath Club. Dota frum 3 1937	Manner of injury
blace (Parties)	nature of injury
19. UNDERTAKER LL C.	24. Was disease or injury in any way releted to occupation of decassad?
6-24 34 7	if so, spacify (Signed) must thouland M.D.
20. FILED Registrar.	(Address) Lebrat more - m. 1
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

Some related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ample I		Example II	
h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
24.4.	1915	Attack of epilepsy	1 week ago
1937	1921	Run over by street car	1 week ago
BUREAU V.	July 5, 1927	Peritonitis	3 days ago
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	JUL 6 1937	h and related causes Date of onset ws: 1915 1921 July 5, 1927 of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

A.		
	New contract of the contract o	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 53	340
1. PLACE OF DEATH	93:0	XV
County Clark	Registration Dist. No. 76	
Village or City Truck	lown st.,	War
(II Length of residence in city or town where death occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and numb	
2. FULL NAME William HE	a fed la	
(a) Residence: No. Omnaille R 12 has	J St. Ward.	
(a) residence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May - 121 19	3 7
ia. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND OF Clipabeth & Beck	22. I HEREBY CERTIFY, That I attended dece	eased fro
DATE OF BIRTH (month, day, and year) July 16-185	7 20	eath Is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
84 9 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Myrcarditis	9-1-7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	-	
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation occupation		
20:42	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	William J Cleriosis -	91
13. NAME unknown V 14. BIRTHPLACE (city or town)—unknown V		
14. BIRTHPLACE (city or town) - unknown /	Name of operation Oate of Oate	
(State of country)	What test confirmed diagnosis? Was there an au'op	19v7
15. MAIDEN NAME RELECCOMUSELY	23. If death was due to external causes (VIOLENCE) fill in also the following:	-,,,
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
7. INFORMANT Multon Cully (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place of Marks when hole May 5, 19 87	Manner of injury	
1-10 R 49	24. Was disease or injury in any way related to occupation of deceased?	0 /
19. UNDERTAKER OJANA CANAGERS		
19. UNDERTAKER (Address) Address Addr	If so specify (Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	PRECEIVED	1915	Attack of epilepsy		1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	JUN 4 1937	July 5,1927	Peritonitis	1	3 days ago
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importa	nce:	
Gallstones		May 1,1923	Gastroenteritis		1 year

-WRITE PLAN

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1. PLACE OF DEATH County Levia	8
Village or City Lelklon	Registration Dist. No.
1000	(If death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurred yrs	osds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME	llacab If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH HAY 30 1937
5a. If marriad, widowed, or divorced HUSBANO of	(Month) (Day) Year)
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased f
Mary 30-1037	lest saw h Slive on 19 death is
6. DATE OF BIRTH (month, day, and year) Malf 20 - 19 0 7. AGE Years Months Oeys If LESS than	to have occurred on the deta steted ebove, atm.
1 dey,hrs	
8 Trade profession or particular	Oate of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 3 minites
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	andalusi'
U 10. Date deceased last worked et 11. Total time (years)	
this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town lacing Argental)	Other Contributory Canses of importance:
(State or country) Celeton And	Cilrolin
13. NAME Serge Bullock	
14. BIRTHPLACE (city or town) Makylace	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Shalfinger	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Milyly (Stata or country)	Accident, suicide, or homicide?
17. INFORMANDE The Bullock (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place, 19	Neture of injury
IO UNOCOTAVED	24. Wes disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify 1
20 51150 6/1 1027 / man france	(Signed) (Signed)
20. FILEO 199 J. Oranni J. Registrar.	(Address) (Kosing Jun)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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11 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

M	item of infor-	should state	of OCCUPA.
	RECard. Every	PHYSICIANS	Exact statement
BINDING	PERMANENT	d EXACTLY	rly classified.
ARGIN RESERVED FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
ARGIN RE	H UNFADING I	supplied. AGE	in terms, so that
	LALY, WITH	uld be carefully	F DEATH in pla
(T)	-WRITE P	mation sho	CAUSE OF

STATE OF MARYLAND—CERTIFICATE OF DE	STATE	CERTIFICATE O	F DFATI
-------------------------------------	-------	---------------	---------

P.	3	A	9
U	U	*	0

1. PLACE O	F DEATH				940		
County Cecil					Registration Dist. No. 96		
Village or	City Veterans	Admi	nistra	tion Facili	ty NoPerry Point, Maryland . St., Ward		
Length of re	idence In city or town	where deat	h occurred		death occurred in a horpital or institution, give its NAME instead of street and number) 8 ds. How long In U.S. if of foreign birth?yrs		
1	ME CAMPBE				If U. S. Veteran, specify WAR		
	nce: No. None				O. Wand		
(a) neside	ice. No. 440126		(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSO	NAL AND STA	TISTIC/	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) Single				D (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)		
5e. If married, wido HUSBAND of	wed, or divorced				22. I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE of	100 604				April 8 19 37 to May 15 19 37		
6. DATE OF BIRTH	(month, day, and year)	June	21. 18	377	I last saw h.imalive onMay_15, 19_37; death is sal		
	ers Mon		Oays	If LESS than	to have occurred on the date steted above, at. 2 . 35 m.		
59	10		27	1 day,hrs.	The PRINSIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
Z 8 Trade, prof	ession, or particular	D -			(Vellegio .		
	work done, as SPINNI R, BOOKKEEPER, etc	", Co	ok - Mi	lner	Allesones		
9. Industry or work w	business in which as done, as SILK MILL				Lamanary		
SAW MILL, BANK, etc			11. Total t	ime (yeers)	The second		
this occ year) -	upation (month and		. spe	nt in this unknown			
12. BIRTHPLACE (c	ity or town) DeS	Soto:	Missour	ri.	Other Contributory Gausse of Implytance:		
(State or co	intry) J ef	ferso	n Count	λλ	morablemel		
13. NAME	Unk	nown					
H 14. BIRTHPLAC	E (city or town)	11			Nama of operation Dete of		
(State	r country)				What test confirmed diagnosis Lilla May Was there an autops !!		
15. MAIDEN N	AME Unk	nown			23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?, 19, 19, 19		
(State	r country)	**			Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Hospital Records					Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.		
(Address)	Perry Poi	nt, M	1.				
18. Burial, CREMATION, OF REMOVAL Place Baltimore, Md. Oate May 17 19 37.			Oate May	17 ,19 37.	Manner of injury		
	OP.	C	1		Nature of Injury		
19. UNOERTAKER . (Address)		TIVE	W & 501	, , , , , , , , , , , , , , , , , , ,	24. Was disease of injury in any way related to occupation of deceased?		
(Addless)	lavre de	4	Ruell	res.	If so, specify (Signer) (Signe		
20. FILEO	19310	, . a		Registrar.	(Address Riseur 9 Sun Mil		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4	_Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		8 Y 8 E LUL 638	

N. B.-WRITE

V. S. No. 1

1. PLACE OF DEATH	78-0
County Cecil	Registration Dist. No. 96
Village or City Veterans' Administration Faci	litwe Perry Point, Md. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	29ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME CANNON. Milton H.	If U. S. Veteran, specify WAR World War
	St., Ward. Balto Co
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Markied, White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Dey) (Year)
5a. If married, widowad, or divorced	
HUSBAND of Mrs. Margaret L. Cannon	22. I HEREBY CERTIFY, That I attended deceased from April 16 19 37 to May 11 19 37
1. : 2	I last saw h 1m elive on May 11 ,19 37; deeth is said
6. DATE OF BIRTH (month, day, end yaer) Ofered 20, 1880	
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.2. 25. A.M.
57 0 20 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Utility Officer	Chronic myocarditis and myocardia
	degeneration unknown
9. Industry or business in which work wes done, as SILK MILL, Veterans Hospital SAW MILL, BANK, etc.	
10 Date deserred last worked at	
this occupation (month and year) URKLOWN specific most occupation with and year) URKLOWN specific most occupation with a most occupation	
12. BIRTHPLACE (city or town) Catonsville, Md.	Other Contributory Causes of importance: Auricular fibrillation unknown
(State or country)	
Thomas J. Cannon-dead	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) WEST YESTIG	What test confirmed diagnosis? reports Was there an autopsy? No.
15. MAIDEN NAME Eleanora Saumenig	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
State or country) Holland	Whare did injury occur?
17. INFORMANT Hospital records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Burial- London PK. Cernetery 18. BURIAL, OREMATION, OR REMOVAL Palts, Jud.	
Place Bradshaw, Md. note May 11 1937	Manner of Injury
19. UNDERTAKER HOWARD & Moteries	24. Was disease or injury in any way related to occupation of deceased? No
	If so, specify
(Addrass) H. K. McCOMAS. Abington, Maryland.	(Signed) M. D. M. D. M. D.
20. FILED, 19.77	W. L. MENG. M.D. Acting Clinical Direct

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago
			2
Other contributory causes of importance:		Other contributory causes of importance:	August 5
Gallstones -	May 1,1923	Gastroenteritis	1 year
		Edward Charles	- 60

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIA	DDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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V. S. No. 1

	D-CERTIFICATE OF DEATH 5.844
1. PLACE OF SEATH	96
County	Registration Dist. No.
Village or City Learning Sum Mit	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of total whyte death occurred	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Structu (Sea	eunberlasso. S. Veteran, specify WAR.
(a) Residence: No Blyttledale, V	st., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3) SEX 4. COLOR OF RACE 5. SINGLE, MARRIES WIOOW	
Male write OR DIVORCED write the wo	Month) (Day) (Year)
5a. If married, widowed, or divorced	N
HUSBAND of Jaunah & Hearler	land June 1935 to May 3 193
E DATE OF DIDTH (month day and wasternant 2 2 186	9 Hast saw here alive on 11000 2 19 3 2; death is s
6. DATE OF BIRTH (month, dey, end year) 7. AGE / Years Months Days If LESS t	
67. 10 d1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER.	Chronic Garalypes Oate of on
SAWYER, BOOKKEEPER, etc.	d
Work was done, as SILK MILL, A SAW MILL, BANK, etc.	7.5%
10. Oate deceased last worked et this occupation and 9 2 11. Total time (years) spent in this	3.1
year) / / occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) wand	
(State of Country)	Cerebral Vicunorrahage of may
13. NAME of the Chamberlain	Crain (apopling) Bu
14. BIRTHPLACE (city or town) ancasur Co (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME (ordelia). Kelley	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Partille Paris	RFAI Accident, suicide, or homicide? None Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT ordelia Me Ney	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (soing line, line, K.F.	No wyang
Place to frequell cew out May 6	Manner of Injury Nature of Injury
May a Catting	24. Was disease or injury in eny way related to occupation of deceased?
19. UNOERTA (EN CAMPAGE) (Address) (Perry Will Will.	If so, specify
20, FILEO 5-6 1/376 J. Danders	(Signed) Somest Conland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5345
1. PLACE OF DEATH	937
County Delle	Registration Dist. No.
Village or City Clearly	No. Oulseld St. Ward
(If Length of residence In city_ar town whare daath occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?mosds.
2. FULL NAME Laura E. Clark	If U. S. Veteran, specify WAR
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sexuale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED Swrite the word	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams 4. Clark	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Salt 27 4 1855	I last saw h 2 aliva on No. 18, 1937; daath Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at
8/ 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Chronic bronchitios 1936
SAWYER, BOOKKEEPER, etc.	Chronic myocarditis ?
9. Industry or businass In which work was done, as SILK MILL,	<i>G</i>
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Coul Co., Qual. (State or country)	Other Contributory Causes of Importance: Outle Collision of the may 18
	Naut 0 1937
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Elasward (Stata or country)	Name of operation. Date of
II 15. MAIOEN NAME ENGLISH (MANORAL)	What tast confirmed diagnosis?
15. MAIOEN NAME Engly Margary 16. BIRTHPLACE (city or town) Grant G. Margary (State of Country)	Accident, suicide, or homicide? Date of Injury, 19
(Stete of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANADA AND AND AND AND AND AND AND AND AN	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Sixthers Combine May 21, 1937	Manner of Injury
19. UNDERTAKER John & Offrage	24. Was disease or injury In any way related to occupation of daceased?
(Addrass) assiltant mon	If so, specify Jens V XX 200
20. FILED May 20, 19 3 Registrar.	(Signed) M. D. (Address) Chespealetty Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1097	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	9	A	0
J	J	4	6

1. PLACE OF DEATH	(2)
County Cecil	Registration Dist. No.
Village or City Electron R U Length of residence In city or town where death occurred yers	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Joseph Clay (a) Residence: No.	1f U. S. Veteran, specify WAR
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	OWED, 21. DATE OF DEATH May 8 193 7
5e. If merried, widowed, or divorced HUSBAND of Florence J. Clay	(Month) (Dey) (Yeer) 22. I HEREBY CERTIFY. That i attended deceased from 1937, to 1937; death is sell.
	SS then to have occurred on the deta steted above, at 4.1500 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc	agreedeedes
work wes done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Causes of Importence:
(Stete or country)	
13. NAME facob Clay 14. BIRTHP/ACE (city or town) Heckington (State or country) England	Name of operation
15. MAIDEN NAMERICA Reguelds 16. BIRTHPLACE (city or town) Pressure to reconstry) 17. INFORMANT Mass Hattie Clay (Address) Flotton and R &	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Elston Com Bete May 12	Menner of Injury
19. UNDERTAKER 24. W Pinner (Address) Elkton and	24. Was disease or injury in any way related to occupetion of deceased? If so, specify
20, FILED 5/12, 1937 & Brand B	egistry. (Address) Elblon, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset . 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARVI	AND-	CERTIE	FICAT	F C)F I	DEATH
SIAIE	UL	WALL	AIVD.	CLIVIII	ICAI			

8	9	A	ing
U	U	4	6

// 1/	Registration Dist. No. 95. No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of foreign birth? yrs. mos. d St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. OI HEREBY CERTIFY That I attended deceased from 1936, to 1937 (Year) 1 last sew h. A. alive on 1936, to 1937 (death is sate to have occurred on the date stated ebove, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Date of Market.
Village Dr City (Ness) Bay View Length of residence in city or town where death occurred 11 yrs	ND. St., Warf if death occurred in a horpital or institution, give its NAME instead of street and number) St., Ward. St., If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. OLDER EBY CERTIFY That I attended deceased from 1936, to 1937; death is sate to have occurred on the date stated ebove, at
Length of residence in city or town where death occurred // yrs	St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. OLDER EBY CERTIFY That I attended deceased from the late stated ebove, at
(a) Residence: ND. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE So. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of (or) WHE of Marshall Cross 6. DATE OF BIRTH (month, day, and year) Months Oeys If LESS than 1 day, hrs	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. OF THEREBY CERTIFY That I attended deceased from the late stated ebove, at the late of the late stated ebove, at the principal causes of Importence
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced HUSBAND of (or) WHE of Marshall Cross 6. DATE OF BIRTH (month, day, and year) Word 1870 7. AGE Yeers Months Oeys If LESS than 1 day, hrs	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. O'LHEREBY CERTIFY That I attended deceased from the control of th
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) The married, widowed, or divorced HUSBAND of (or) WHE of Marshall Cross 6. DATE OF BIRTH (month, day, and year) Months Oeys If LESS than 1 day, hrs	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. O HEREBY CERTIFY That I attended deceased from the late stated ebove, at the have occurred on the date stated ebove, at the PRINCIPAL CAUSE OF DEATH and related causes of Importence
3. SEX Female 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Cross 6. DATE OF BIRTH (month, day, and year) UNCOUNTY-1870 7. AGE Yeers Months Oeys If LESS than 1 day, hrs	21. DATE OF DEATH (Month) (Day) (Year) 22. O HEREBY CERTIFY, That I attended deceased from the last sew harmonic and t
Female White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WHE of Marshall Cross) 6. DATE OF BIRTH (month, day, and year) UNCOUN - 1870 7. AGE Yeers Months Oeys If LESS than 1 day, hrs	22. OF THEREBY CERTIFY. That I attended deceased from 1936, to Way 1937. I last sew h. A. alive on Way (1937); death is say to have occurred on the date stated ebove, at
6. DATE OF BIRTH (month, day, and year) UNRYOUN -1870 7. AGE Yeers Months Oeys If LESS than 1 day,hrs	I last sew h. A. alive on Way (19.3); death is say to have occurred on the date stated ebove, at
7. AGE Yeers Months Oeys If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
17 17 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
or min.	
	Clerto, Cardina failuro 6/6/
8. Trade, profession, or particular kind of work done, es SPINNER, House runfe SAWYER, BOOKKEPER, etc.	
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 13.7 spent in this 30 occupation 3.7	
8 000	Other Contributory Causes of Importance:
(State or country)	
13. NAME Thomas D Taylor	
13. NAME Thomas D Taylor 14. BIRTHPLACE (city or town) Carls wille	Name of operation
(State of country)	What test confirmed diagnosis?
# 15. MAIDEN NAME ZINRNOWN	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
1 00 0	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT Marshall Cross	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place north East MEalen. Date May 9, , 193	Neture of injury
19. UNDERTAKER Ralph MR eed (Address) Rising Sun, mid.	24. Wes disease or injury In any way related to occupation of deceased?
May 0 27/	(Signed) work Jull ways
2D, FILED Registrar.	(Address) Muy Duy WW.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Day5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

V. S. No. 1

AGE should be stated EXACTLY.

PHYSICIANS should state

1. PLACE OF DEATH	CERTIFICATE OF DEATH	5348
County Beal	Pagistration Dist No. G	17/
Village or City Share R.D. #4	Registration Dist. No. No. London Hospital St., f death occurred in a hospital or institution, give/its NAME instead of street and	Ward
	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Sarah Harris		
(a) Residence: No. Pleas and Helf- ma (Usual place of abode)	St., Ward. Ileasaur Hill) If nonresident give city or town an	Nel d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	
Temale White Wistowed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. Thet I attended	d dancered from
(or) WIFE of Samuel Harris	17 mg 1 1 - 1927 to man 21	- 19 2 7
6. DATE OF BIRTH (month, day, and year) (MAG. 10)883	I last saw h g elive on Zaras 28 - 19 3	Z: death is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et 1/2. 20m.	
575 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 Trade profession or particular	A A	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	auts Cholecothis	1/2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oata decaased last worked et this occupation (month end		1
10. Oata decaased last worked et this occupation (month end year) spent in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	man
(State or country) (State or country)	arute Candra	28/
13. NAME ames ohnson	Dilutation	
13. NAME TOWNS TOWNS TO STATE OF THE STATE O	Name of operetion Date of What test confirmed diagnosis? Wes there en	eutonsy?
15. MAIDEN NAME alice They	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	7
(Stata or country)	Where did injury occur?	
17. INFORMANT harles Harris (Address) Become Hele rud	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piece Uniowalle, Verravale May 31, 1937	Nature of injury	
19. UNOERTAKER Joseph R. Frank Red	24. Was disease or injury In any wey releted to occupation of deceased?	0
20. FILEO 1937 Jones Free V. Registrar.	(Signad) And Modernss)	M. o.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	=11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis. 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 3349
1. PLACE OF DEATH	(EI)
County County	Registration Dist. No. 9
Village or City American	No. Umon Hospital St., Ward
Length of residence in city or town where death occurredyrs	If death occurred in a horpital or institution, give its NAME instead of street and number) ss. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Editor of A. J.	
	me lill by
(a) Residence: No. (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white Single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ortology 5-1927	I last saw if Assam alive on Assam 2] 1937; death is said
7. AGE Years Months Days If LKSS than	to have occurred on the date stated above, at 63 Pm.
9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Transverse Proced Myelilis at
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Inla landyour
SAW MILL, BANK, etc	(Cause reclinary)
this occupation (month and spant in this occupation	
5014	orger Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Clare or country)	Augustin Hospital
13. NAME IS ALL SALVER TO NO A+V	- The state of the
I VALUE CALLACTER VIEW	une
(State or country)	Name of operation Date of
15. MAIOEN NAME Jola 9. Brookover	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) Aurora	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17 INFORMANT Mis Hayes Heath	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mechanics Malley North Ent Mil	Specify mission injury securities in interest, in nome, of in Fobelo Feace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kerry Hell M. Com Date / Lary 30, 193	Nature of injury
19. UNDERTAKER Joseph K. Chart	24. Was disease or injury in any way related to occupation of deceased?
(Address) Youth East Marylan	If so, specify
20 FILED May 29 1937 Hause France	(Signed) (Curlwell M. D.
Regionar.	(Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example +		i	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937		1915	Attack of epilepsy	1 week ago	
Chronic interstitial he	phritis July	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago	
	60				
Other contributory	causes of importance:		Other contributory eauses of importance:		
Gallstones		May 1,1923	Gustroenteritis	1 year	
				1	

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

be properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			(175)	BU	
County Coc	11				Registration Dist. No.	96
			(1	11 tyo, Perry Point feath occurred in a hospital or institute. 28 ds. How long in U.S. if of	tion, give its NAME instead of stre	St., Wardeet and number)
2. FULL NAME			Baltimore,	If U. S. Veteran, Md St., Ward.	specify WAR World	
PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CI	ERTIFICATE OF DEA	TH
	or or race		RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH	(Month) (Oay)	, 193. 7
5a. If married, widowed, or diversity HUSBANO of (or) WIFE of				June 26, 1925	CERTIFY, That I at 19 to May 24	, 19.37
6. DATE OF BIRTH (month, da	y, and year)	Nov. 12,	1886	1 last saw h_1m alive on		1937.; death is sal
7. AGE Years 50	Months 6	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		Ca Oate of onset
kind of work done SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE OF SAWYER, BOOKKE SAWYER, BOOKKE OF SAWYER, BOOKKE	n which SILK MILCOW etc	II. IVIAI	Seal Co., Ide (years) int in this unknown		l'Europe de l'Apriliano de l'Aprilia	l:
12. BIRTHPLACE (city or town) (State or country)	Maryl	and		Other Contributory Causes of impo Cat Perry Point	Hospital . Weteras	
13. NAME Unk	nown - de	cease d		ſ	~	
H 13. NAME Unki	own) unk	nown	•	Name of operation	cutopy was th	ate of
15. MAIOEN NAME	unknow n			23. If death wes due to external cau	, ,	
16. BIRTHPLACE (city or to (State or country)	unkn Unkn	own		Accident, suicides or homicide?	eus Hosp. V.	erryVory
17. INFORMANT HOS		ords		Specify whether injury occurred in	(Specify city or town, county INDUSTRY, in HOME, on in PUE 2	BLIC PLACE.
18. BURNAL, CREMATION, OR Place Baltimo		Date May	25 ₁₉ 37	Manner of injury Rand	el Frach	ired
19. UNDERTAKER PHONE (Addrass) PHONE 20. FILEO 2	INCTUNIE	SON Md	udero Registrar.	24. Was disease or injury in any w If so, specify	o algon hu	sed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE

Z

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged, 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		li li	Example II	
The principal cause of death and related causes of importance were as follows:	Da	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = CFIVFI		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ju	ly 5,1927	Peritonitis	3 days ago
JUN 4 1937				
Other contributory causes of importance: V. S.			Other contributory causes of importance:	A ₃ **
Gallstones		ay 1,1923	Gastroenteritis	1 year
			211/02/5 [24] (46)	

49)	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
	» (

PERMANENT REC THIS.

STATE OF MARYLAND-CERTIFICATE OF DEA OCCUPA-Registration Dist. No. should Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birth? _____yrs.____ Length of residance in city or town where death occurre PHYSICIANS statement If U. S. Veteran, specify WAR, 2. FULL NAME If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3 SEX classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Davs 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL back should may SAW MILL, BANK, etc. Total time (years) On tal time (years) 30 that occupation _____ See instructions 12. BIRTHPLACE (city or (State or country) FATHER 14. BIRTHPLACE (city # plain (State or count What test confirmed diagnosis?_ Was there an autopsy? carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? ___ OF DEATH 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury CAUSE Nature of injury. 24. Was disease or injury In any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED ... (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitut nephritis V _ V	1921	Run over by street car	1 week ago
Cerebral hemorrhage R	July 5,1927	Peritonitis	3 days ago
JUN 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

fermin assurd

Exact statement of OCCUPA-

STAT	E OF	MAR	YLAND-	CERTIFICATE OF DEATH	352
1. PLACE OF DEATH				3	
County Deil			A	Registration Dist. No. 93	
Village or City Outsu		occurred		No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs. mo	umber)
2. FULL NAME BO	1	Hode		If U. S. Veteran, specify WAR	
(a) Residence: No.	10			St., Ward.	
	T.CT. C.	(Usual place		If nonresident give city or town and a MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STA			RIED, WIDOWED,	21. DATE OF DEATH	
Hemale white	3. 3	R DIVORCE	(write the word)	(Month) (Day)	193. 7 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended of	
C DATE OF BURTH (month down and month)	ma	N 19	1937.	t last saw h alive on	
6. DATE OF BIRTH (month, dey, end year 7. AGE Years Mo	nths	Days	If LESS then	to heve occurred on the date stated above, atm.	, 404111 10 5614
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows - 0 0	
8. Trede, profession, or particular			1 01 151111.	/tilltoru	Data of onset
8. Trede, profession, or particular kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.	VER,				
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	L,				
SAW MILL, BANK, etc		11 Total ti	ime (years)		
this occupation (month end year)		sper	nt In this		
12. BIRTHPLACE (city or town)	lsing	Sun		Other Contributory Causes of Importance:	
(State or country)	~d ()	R. J.D)		
13. NAME	si /	ones			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	0	1		Name of operation Date of	
(State of Country)	outh	Caro	lina	Whet test confirmed diagnosis? Wes there an a	utopsy?
15. MAIDEN NAME (15. BIRTHPLACE (city or town)	inia	Lay	lor	23. If death was due to external causes (VIOL ENCE) fill in also the following	N TETA
6 16. BIRTHPLACE (city or town)	·	0		Accident, sulcide, or homicide? Date of Injury	, 19
∑ (State or country)	Va.			Where did injury occur? (Specify city or town, county and State	
17. INFORMANT m. Um (Address) Regine	Sun.	ma.	D. R. J.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	- 1	\h		Menner of injury	
Place Mest hat	reland	ate	4.20,1937	Nature of injury	
19. UNDERTAKER & JUL	2on.	0		24. Was diseese or injury by any way related to occupation of deceased?	
(Address) Rising	Lu	n. 6	rd,	If so, specify)
20. FILED 1-/19- 19-3	7-1.	·		(Signed) Survey M. D.	41. M.D.

more bland, are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 2 1334	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

Registration Dist. No. Ward Village or City. Village or City. Length of residence in city a shown where dash occurred. Length of residence in city as hown where dash occurred. Length of residence in city as hown where dash occurred. Length of residence in city as hown where dash occurred. Length of residence in city as hown where dash occurred. Length of residence in city as hown where dash occurred. Length of residence in city as hown where dash occurred in the part of t	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Langth of residence in city actions where death occurred in a hospital or institution, give its NAME instead of street and numbers) Langth of residence in city actions where death occurred in a hospital or institution, give its NAME instead of street and numbers) 2. FULL NAME (a) Residence: No. (b) Lingth of residence in city actions where death occurred in a hospital or institution, give its NAME (b) Langth of residence in city actions of street and numbers) (c) Residence: No. (d) Lingth of residence in city actions of street and numbers of		823) aL 3333
Langth of residence in city on townywhere dash occurred	County County	Registration Dist. No.
Langth of residence in city sylveny where death occurred yrs	Village or City ON NU Joan	
(a) Residence: No.		
Content of the cont	2. FULL NAME SUURIUS I, JON	US If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR SPIVOKED Connect the yord) Sea . It married, widowed, an altygreed HUSBAND of Chooming, and stary and search of the date stated above, et	(a) Residence: No. Part he Casiff	St., Ward.
3. If married, widowed, and year of the state of the stat	(Usual place of abode)	
5a. If married, widowed, or dispreed HUSBAND of General Committer the word) 5a. If married, widowed, or dispreed HUSBAND of General Committer of Co		
6. DATE OF BIRTH (month, day, and year) 11	Male white proceed (write the word)	May 12- 193
T. AGE Years Moofths Days II LESS than I day, hrs. or min. 8. Jrade, profassion, or particular kind of work done, es SPINNERP MAYER BOKKEPER, etc. were as follows: 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. Saw Mill, BANK, etc. Saw Mill, BANK, etc. State or country) 12. BIRTHPLACE (city or twin) Cistate or country) 13. NAME SAW SAW MILL, BANK, etc. State or country) 14. BIRTHPLACE (city or twin) Cistate or country) 15. MAIDEN NAME SAW MILL SAW State or country) 16. BIRTHPLACE (city or twin) Saw		22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Mohrhs Days If LESS than I day, hrs. The PINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Jirade, profession, or particular Sawry Er, Bookkeeper, etc. 9. Individed work done, es SPINNERN SAWYER, BOOKKEEPER, etc. 9. Individed work done, es SPINNERN SAWYER, BOOKKEEPER, etc. 9. Individed work done, es SPINNERN SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked, et this occupation of general days occupation. 11. Saw MILL, BARM, etc. 12. BIRTHPLACE (city or twin) Sawry S	6 DATE OF RIPTH (month day and year) July 12, 1878	I last saw h. M. aplace May 12, 1937; death is said
8. Frade, profassion, or particular kind of work done, es SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked et this occupation mognified and several management of the policy of the profession mognified and several management of the policy of	7. AGE Years Months Days If LESS than	
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Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANA 18. BURIAL, PREMATION, OR REMOVAL Place 18. BURIAL, PREMATION, OR REMOVAL Place 19. Other Contributory Causes of importence: Other Contributory Causes of importe	work was done, as SILK MILL, SAW MILL, BANK, etc	
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15. MAIDEN NAME Action A	II allow	Name of operation
15. MAIDEN NAME MAILER AND ACIDENT STATES ACCIDENT SPECIFIC CITY or town) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANIA MATERIAL PRIMATION, OR REMOVAL Place of Light Class States of injury Nature of injury Nature of injury Nature of injury in env way related to occupation of deceased?	(State or country)	
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17. INFORMAN LLOSSE HOLING (Specify city or town, county and State) 17. INFORMAN LLOSSE HOLING (Address) 18. BURIAL, PRIMATION, OR REMOVAL Place Of Legge Holing 15, 1937, Nature of injury Nature of injury in any way related to occupation of deceased?	16. BIRTHPLACE (city or town) Orthe Courts	Accident, suicide, or homicide? Dete of injury, 19,
17. INFORMAND LLOGGE NORMAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, PRIMATION, OR REMOVAL Place Of LIGHT Class 1, 1937 Nature of injury Nature of injury in any way related to occupation of deceased?	E (Stata or country)	Where did injury occur?(Specify city or town, county and State)
Place Of religional Column Date of State of Stat	3. 144 (1 2 . 1)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
1/00/0 // // SALV 24 Was disease or injury in any way related to occupation of deceased? Ro	18. BURIAL, PREMATION, OR REMOVAL	Manner of injury
24. Wes disease or injury in eny way related to occupation of deceased?	Placet of use of Cum Date (My) 1901,	Nature of injury
19. UNDERIAKE	19. UNDERTAKE EL a. Matthroyl	
(Addréss) (Perry 1766) (Signed) (Signed) M. D.	(Address) (Lovy Miles Man)	TT I I Small
20. FILED May 14 , 18 37 A Decele Registrar. (Address) Port To part with the lanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Registrar.	(Address) Port Topact. W.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 4 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	13	Other contributory causes of importance:	-
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No. Village or Ci Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. If of foreign birth?______grs.____mos.____ds. statement 2. FULL NAM U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of about) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH REC 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT CTL (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of K × B certificate. 6. DATE OF BIRTH (month, day, and years properly 7. AGE Years Months Days If LESS than stated 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc ... may back 9, Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this On this occupation (month and that occupation instructions ADING Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER See 14, BIRTHPLACE (city or town). Name of operation. plain (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy?_ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, os 16. BIRTHPLACE (city or town) DEATH (State or couplry) Where did injury should be (Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury WRITE 0 AUSE mation LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKEN (Address) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	li li	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rius	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 SA CONTRACTOR	July 5,1927	Peritonitis	3 days ago
	SUREAU			
Other contributory ca	uses of importance:	Appeller ord	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	N. BWRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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V. S. No. 1	-WR	matic	CAU	TION is very important. See instructions on back of certificate.
S. No.	B.	1		
>	Z)		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5355
1. PLACE OF DEATH	(159)
Village or City New Cecillon	No. Outsed Registration Dist. No. 9
Length of residence in city or town where death occurred wrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Man Ciccler (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
7	19 to may 4 - , 1927
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 10 hrs. or	to have occurred on the date stated above, at 12 thanks. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupetion (month and year) spent in this occupation. 12. BIRTHPLACE (city or town) (State or couptry)	Date of onset One month and a half framative. Living 10 koms. Other Contributory Causes of importance:
13. NAME JM. No. Jeller Jr. 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? Av
15. MAIDEN NAME Athere Paris Coolfa 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVED. Place Date Date May 5, 1937 19. UNDERTAKER AND H. Coffage	Manner of injury
20. FILED May 1, 1937 Registrar.	(Signed) M.P. Curthy M.D. M.D. (Address) M. M.D.
If more blanks are needed, address State Registrar,	1412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	K.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SINTERIOR S.	15		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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STATE	OF	MARVI	AND-	CERTIFIC	ATE	OF	DE	TH
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1. PLACE O	F DEATH	1 1/1/11			9999
County	Cecil				No. 96
Village or C	city Veterans*		(If	11 too, Perry Point, Maryland. death occurred in a hospital or institution, give its NAME inst. 2 ds. How long in U.S. If of foreign birth?	St, Ward
2. FULL NA		E. John	n C.	If U. S. Veteran, specify WAR Wo	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	FDEATH
s. sex	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May (Month)	(Day) (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY. February 24 19 34 to Ma	y 3 , 19 37
6. DATE OF BIRTH	(month, day, and year)	April 9,	1902	I last saw h im alive on May 3	, 19 37 ; death is said
7. AGE Yaz		Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	importance Data of prest
9. Industry or work wa SAW MII	ession, or particular work dona, as SPINNER, t, BOOKKEEPER, atc business in which is dona, as SILK MILL, LL, BANK, etc sed last workad at upation (month and unk NOW II	Farmer	ime (yaars) nt in this upation Unk nown	Arterioscherosis, cerebra	1 unkho wa
12. BIRTHPLACE (ci (Stata or cou	ity or town) McHenr intry)	y, Maryla	an d	Other Contributory Causes of importance: Ne phritis, interstitial	unkrown
13. NAME	unkno wn				4
13. NAME 14. BIRTHPLACI	E (city or town) Mair country)	yland		Name of operation. Clinical & laborator What test confirmed diagnosis: reports	Date of
15. MAIDEN NA	AME unknown			23. if death was due to external causes (VIOLENCE) fill In a	
	E (city or town) Mar r country)	ylæd		Accident, suicida, or homicida?Date Where dld injury occur?	
(Address)	Hospital rec	ords		(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
	den National	Date May	4 1937	Mannar of injury	
19. UNDERTAKER - (Addrass)	PENNINGTON & S	ON	•	24. Wes disease or injury in any way related to occupation If so, specify	of deceased? NO
20. FILMAY 2	- 1937	The same	dess. Registrar.	(Signed) BAVIS M.D. Clin (Address) Vet Adm. Facility	ical Director
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Md.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory austr of haportance:	
May 1,1923	Gastroenteritis	1 year
	1 1/2 1/2	
	0	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory austr of haportance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from ERTIFY. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than to have occurred on the dete stated above, at ______m. 1 day,____hrs. or____min. Date of onset 8. Trede, profession, or perticular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc.... OCCUPATION jo back 9, industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10 Dete deceased last worked at 11. Total time (years) no spent in this this occupation (month end occupation instructions 12. BIRTHPLACE (city or town (Stete or perntry FATHER See 14. BIRTHPLACE (city or town) (State or Quntry) Whet test confirmed diagnosis?_____ Was there en eutopsy?__ MOTHER very important. 15. MAIOEN 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______ 19______ 16. BIRTHPLACE (city or town) (State or egentry) Where did injury occur?_. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMA 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 13 Nature of injury TION 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
JUN S			
Other contributory causes of importance		Other contributory causes of importance:	9.00
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-JAD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT R.

TION is very important. See instructions on back of certificate.

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STATE	OF	MARYI	AND-CE	RTIFICA	TF	OF	DEATH
SIAIL	UF	WARIL	AND CL		7 1 1	O	DEAL

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186:00
County Cecil C.	Registration Dist. No.
Village or City Eleton, P.D. 5	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Clizabeth Letilia Mor	face
(a) Residence: No. States (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If married, widowed, or divorced	(month) (Day) (Teal)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
2- 111 1221	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Much 16, 1921	l last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
16 d 7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	2/103/
SAWYER, BOOKKEEPER, etc	Concussion
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) occupation	
12. BIRTHPLACE (city or town). Clatton P.D 5	Other Contributory Causes of importance:
(State or country) Moylond	
13. NAME Oshunel mackie	
13. NAME Oshuman, Machie 14. BIRTHPLACE (city or town) Clothon, 12, 20, 5	Name of operation
(State or country) & Manylord	Whet test confirmed diagnosis? Was there an autopsyll
15. MAIDEN NAME Oslaheri aikin	23. If death wes due to external causes (VIOL ENGE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sujcide, or nomicide! Que of jujury 0718, 1932
(State or country)	Where til they seemed tigh school playlor
17. INFORMANT May Josephini Markys.	Specify whether injury occurred in UNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury ell on ground
Place Sharps Date May 77, 1937	Nature of injury Children wy
19. UNDERTAKER & Wyspinia & Sons Inc	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 20, 1937 C & Grants	(Signer) Chrofam Mr. Coroner
Registrar.	(Address) / Cut July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1921	Run over by street car	1 week ago	
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago	
4 JUN 1 1997			
Other contributory causes of importance. S.	Other contributory causes of importance:		
Gallstones May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(31)	
County Cecl	Registration Dist. No.	
Village or City Ceculton	NoSt.,	_War
Length of residence in city or town where death occurredyrs	If death occurred in a hospital or institution, give its NAME instead of street and number sds. How long in U.S. if of foreign birth?yrsmos	
15/10	ekeven	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 8 , 193	7
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decease	ed fro
(or) WIFE of Septice Muleuron	May 26 1937 to May 28 19	37
DATE OF BIRTH (month, day, and year)	I last saw home alive on Many 28 1937; death	is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 9 Am.	
- 1 day,hrs.	have be follows:	
8. Trade, profession, or particular	Data	ol onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardis vascular revol	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc	pretase	
this occupation (month and year) spent in this occupation		
2. BIRTHPLACE (city or town)	Other Contributery Causes of importance:	70
(State or country)	ornelis premoven "	10
13. NAME A MILLER OF	/ Irenia Nu	525
14. BIRTHPLACE (city or town) Augustion	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Place and Was there an autopsy	20
15. MAIDEN NAME lelona de local	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19)
(State or country)	Where did injury occur?	
(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place & alta Date 3/3/19	- Nature of injury	
9. UNDERTAKER Cornert bl Breice.	24. Was disease or injury in any way related to occupation of deceesed?	
(Address) Italy Mayord-)	If so, specify	
O FILED Man Je 1937 A DINA	(Signed) Seff Valores	_M.
Registrar.	(Address) Charle Cate Med	

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mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

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Date of onset	m1	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy OV3808	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis 1561 \$ NOC	3 days ago
	BECEINED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Iuly 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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stated EXACTLY. PHYSICIANS should state

Exact statement

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 92 St., Ward
Village or City Elkhan	No. St., Ward
21	death occurred in a nospital of institution, give its INAIVIE, instead of street and number)
200 10 00	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jebley Powell	If U.S. Veteran apecify WAR.
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DEVORCED (write the word)	(Month) (Day) (Year)
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ella Pervell	22. HEREBY CERTIFY That I attended deceased from
40 1017	190 T to Mary 190 1
6. DATE OF BIRTH (month, day, and year) Helf 1873	I last saw h_ da_ alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
64 2 24 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Candis - oas culan - renel
9. Industry or business in which	disease - with the partening
work was done, as SILK MILL, SAW MILL, BANK, etc.	water the se organization
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	
14. BIRTHPLACE (city or town) - Haire	1 200
4. BIRTHPLACE (city or town) - Alaune (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? O Keene call Was there an autopsy? Ha
15. MAIDEN NAME Mary & Sterrard 16. BIRTHPLACE (city or town) Mary form	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / State or country)	Accident, suicide, or homicide?
11. 600 P. 00	(Specify city or town, county and State)
17. INFORMANT AND LACE PARTY MARKET	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place North East Comeles Date May 12, 1937	Nature of injury
19. UNDERTAKER Liborere & alicaltry	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED May 10, 1937 & Frank Braye	(Signed) Me Hard W: M.D. M.D.
Registrar.	(Address) & Elban hd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT County Registration Dist. No Village or City____ (If death occurred in a or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred. How long in U.S. if of loreign birth?__ statement PHYSICIAN 2. FULL NAME > U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH PERMANENT ana. (Month) classified. 5a. Il married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended daceased from 19----- to-----6. DATE OF BIRTH (month, day, and year) properly certificate 7. AGE Years Months to have occurred on the date stated above, et. 1 day-hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. wera as follows: Date olonset 8. Trede, prolession, or perticular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... THIS OCCUPATION back pluods may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date daceasad last worked at 11, Total tima (yaars) this occupation (month and spent in this so that year) occupation ____. instructions Other Coatributory Causes of importanca: (State or country) supplied FATHER 14. BIRTHPLACE (city or town) in plain (State or country carefully What test confirmed diagnosis? Was there an autopsy?. MOTHER 15, MAIDEN NAME important -23- Lipeath was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury CAUSE OF DEATH 16. BIRTHPLACE (city or town Where did Injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE pluods very 18, BURIAL, CREMATION, OR REMOVA Manner of Injury 18 mation Nature of Injury. LION 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) Il so, specily _ 20. FILED _______ (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
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N. B. WRITE PLATILY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state ECORD. Every item of infor-

Exact statement of OCCUPA.

STATE OF	F MARYLAND-	CERTIFICATE OF DEATH 5362
1. PLACE OF DEATH		(127)
County Cecil		Registration Dist. No. 95
Village or City Zion		NoSt.,Ward
Length of residence in city or town where dea		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dora L.		
(a) Residence: No. Zion,	Cecil County Mc (Usual place of abode)	d. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White	or Divorced (write the word)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Atti Rogers		22. HEREBY CERTIFY, That I ettended deceased from
THE RESIDENCE THE PARTY OF THE PARTY.		I last saw 19 alive on 5/9 1987 deeth is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Feb. 12, 1880	I last saw 1967; deeth is said to have occurred on the date stated above, and to have occurred on the date stated above, and to have occurred on the date stated above, and to have occurred on the date stated above, and the date stated above above, and the date stated above above, and the date stated above
57 2	28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH endweleted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	Carlones
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		
10. Oate deceased lest worked et this occupetion (month and year)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Middl (State or country) Va.	etown	Other Contributory Cancer of importance and all
I 13. NAME Roderick H	enson	0 00 44
13. NAME Roderick H 14. BIRTHPLACE (city or town) Roa (State or country)	noke	Neme of operation will of Gull blue della Date of 4 - 12
		Whet test confirmed diagnosis? Was there en eu'opsy? Lo
15. MAIDEN NAME Rebecca Shipp 16. BIRTHPLACE (city or town) Harrisonburg (State or country)		23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
7.INFORMANT Guy Rogers (Address) Zion Ma	rvland.	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Plece Friends*Calver		Manner of Injury
19. UNOERTAKER OSEPH (Address) No. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	R. Shout the East, Md.	24. Wes disease or injury in any way related to occupation of deceased? if so, specify (Signed)
# milonning	Registrar.	(Address) Carry Sun My 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1927	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

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PHYSICIANS should state AD. Every item of infor-

of OCCUPA-

Exact statement

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STATE OF MARY	LAND—	CERTIFICATE OF DEATH 5363
County Cecial	ATE LIMITE	Registration Dist. No. 92
Village or City Elictor Length of residence in city or town where deeth occurred. 2. FULL NAME Edward To		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of	(ahode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR OR DIVORCED		21. DATE OF DEATH May 1, 193 (Month) (Day) (Yaar)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	viel	22. I HEREBY CERTIFY, That I attanded dacassed from 1936, to Many 11, 1987
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days 2 3 8. Trede, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEPER, atc.	/ 8 6 3 If LESS than 1 day,hrs. ormin.	Usest saw h 1924 alive on Many 11 , 1937; death is said to have occurred on the date stated above, 18 450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Data of onset 1905
8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	ma (yaars) 35 - t in this 35 - pation 1	Other Contributary Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	will ration	Nama of oparation Date of Whet tast confirmed diagnosis? Was there an autopsy? Ab
15. MAIDEN NAME TO STORY 16. BIRTHPLACE (city or town) 17. INFORMANT Mattie E Rocker (Address) Textory Med	uatin uatin urll	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Elktore Centry Date Mean	15 ,19 3	Manner of Injury
19. UNDERTAKER 7 CHANGE THE CANADA (Address) Electron Friday 14, 1937 & Brank	Trage	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) It a Management of the specific of the speci

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _ L

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 Xuly5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Luly 5, 1927 Peritonitis Other contributory causes of importance:

BINDING FOR ARGIN RESERVED

S. No. 1

inforstate OCC. pluods of item Jo PHYSICIANS statement CORD. Exact PERMANENT CTL classified. × 国 certificate. properly stated THIS be be Jo may back plnods INK it on that instructions UNFADING 80 supplied. terms, See plain carefully important. OF DEATH pe plnods very WRITE CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Ward Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth?_________mos. Length of residence in city or town where death occurred. If U. S. Veteran, specify WAR__ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED. WIDOWED. 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowell (Dey) (Month) 5e. If merried, widowed, or divorced HUSBANO of 22. (or) WIFE of ames 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than to have occurred on the deta stated ebove 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance 60 24 or____min. Oste of onset 8. Treda, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 11. Total tima (years) 10. Deta deceased last worked at spent in this this occupation (month and occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)_ (Stata or country) FATHER 13. NAME Name of operation_ 14. BIRTHPLACE (city or town). (State or country) Whet test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)_____ (Stata or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT _ (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Dete - 2 / 2 2 Nature of injury. 24. Was disease or injury in any way releted to occupation of declased?. 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrttis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 7 1931			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 B

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	WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5365
1. PLACE OF DEATH	98-20
County Could Conty	Registration Dist. No. 92
Village or City Chiling mel.	No Muion 7 Forfital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Isaiah T. Shaw	If U. S. Veteran, specify WAR
(a) Residence: No. Summit Briefe, B	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO ol (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
9	Feb 16 ,19. 4, to May 18 , 19. 7
6. DATE OF BIRTH (month, day, and year) Jan 28 /85	I last saw h alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
00 4 20 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Varues Retired SAWYER, BOOKKEPER, etc.	artenorelevosis 246.57
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic myoearchites 2-10-24
11. Total time (years) this occupation (month and 1917 year) year) Occupation	
. Odes	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Selaway (State or country)	My orachal harland 5151
13. NAME William Show	
F O d	Nama of operation Date of
4 14, BIRTHPLACE (city or town) Called (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Rebacca Holivell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Rebacca Holivell 16. BIRTHPLACE (city or town) Galasa (State or country) Delaware	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Im David Bre Mullen (Address) Newark Del R.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M. Place Sethel country Date May 21, 1937	Manner of injury
19. UNDERTAKER H. W. Pitpier (Address) Elkton Zul	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO May 20, 1937 & Franci France Registrar.	(Signed) A. Curchter M. D. (Address) Mudallifour Del.
If more blanks are moded address Costs Positions	N. Charles Carret Baltiman Barretta FI C No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1931	1		
Other contributory causes of importance:	- W	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B. WRITE PLAIN

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CAINLY, WITH	ald be carefully su	DEATH in plain to	ry important. See
PLAINLY, WITH	should be carefully su	OF DEATH in plain to	very important. See
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93.00
County Ceel	Registration Dist. No. 92
Village or City Elston I tospettal	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Jugdale	If U. S. Veteran, specify WAR
(a) Residence, No. Pessing Sura Mad J. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If merried, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, dey, and year) Lune 12 1861	1 lest saw h im alive on 3 - 4 - 19.3.7; deeth is sald
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, atm.
75 /0 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Salver Browkers Profession of the Salver Browkers Bro	3/2/
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Det deceased last worked at this occupation (month and	- Cultural 1/37
work wes dane, as SILK MILL, SAW MILL, BANK, etc	Enbolin
this occupation (month and yeer) - 123 7 occupation spent in this occupation spent in this occupation statement of the spent in the spe	
12. BIRTHPLACE (city or town) Letroit	Other Cantributary Causes of importance:
(Stete or country) Machae Game	the same run me like
13. NAME unlawar	
13. NAME 14. BIRTHPLACE (city or town) Conformation (State or country)	Name of operation
15. MAIDEN NAME Undangung	What test confirmed diegnosis?
15. MAIDEN NAME Unbown 16. BIRTHPLACE (city or town) Unbown (State or country)	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT Frank Bather (Address) Port 1 support	(Specify city or town, eounty and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece & Openell Octo May 10, 1937	Nature of injury
19. UNDERTAKER E. John M. (Address) Property M.	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED 5/9 - 1959 & Frank Franks	(Signed) M. D. (Address) & All Markett M. D.
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
223 Marin N. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For a	ulhous	ITIONAL SPAC	E FOR FURTHER	RSTATEME	NTS BY PH	YSICIAN	death	see
letter	from	doctor	dated	7-28	1-37-	200		

B.—WRITE PLA

V. S. No. 1

See instructions on back of certificate.

TION is very important.

SIAIL	INIAR	I LAND	CERTIFICATE	OF DEATH	5867
1. PLACE OF DEATH	0		183		2
County County	1	4	5	Registration Dist. No.	1/
Village or City Cles Length of residence in city or town where or	afeath occurred	yrs. mos		St., ution, give its NAME instead of street of foreign birth?yrs	
2. FULL NAME COL	sun	1 the	Mr. S. Veteran,	specify WAR	
(a) Residence: No.	(Usual place	of abode)	✓ St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEAT	н
3. SEX 4. COLOR OR RACE Wh.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	t 6 mm a	10 (193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of				Y CERTIFY. Thet I atten	and the same of the same of
6. DATE OF BIRTH (month, day, end yeer)					
7. AGE Years Months	Days	If LESS than	to have occurred on the date state		
		1 day,hrs.	The PRINCIPAL CAUSE OF DEA' were as follows:	TH end releted ceuses of Importance	I Detectored
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			Drow	red.	Date of onset
A Trade, profession, or pertucular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			Clans area	6 & Delan	me
O. Date deceased last forked at this occupation (month end year)	√ spe	ime (years) nt in this upation	Keann	L . 5/23/	137
12. BIRTHPLACE (city or town) (State or country)			Other Contributory Causes of Imp	ortance: Les of	
			Fril	may.	
13. NAME 14. BIRTHPLACE (city or town)	7		Name of operation	Dete	of
(State of Country)	4		What test confirmed diagnosis?	Wes there	en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	1.		23. If death was due to external ca Accident, suicide, or nomicide? Where did injury occur?		, 19
17. INFORMANT(Address)			Specify whether injury occurred 1	(Specify city or town, county and In INDUSTRY, In HOME, or in PUBLIC	State) C PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place County Burial Som	Locate Man	124 ,1937	Manner of Injury		
19. UNOERTAKER N. W. Pippini (Address) Clikton, ma	fons de	Hippi		way related to occupation of deceased	
20. FILEO 5/24 , 1937 /3.	H. Brow	N_Registrar.	(Signed) (Address)	anig su	md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

			TESTA
	County Ceal		Registration Dist. No. 92
	Village or City	(11	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deal	h occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmos
2.	FULL NAME ECLYL (a) Residence: No. ELII V	(Usual place of abode)	TEXAL Ward. If nonresident give city or town and State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	71 W.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 5 (Month) (Day) , 193
	married, widowed, or divorced HUSBAND of (or) WIFE of W. V.	right	22. 1 HEREBY CERT 1 FY That I attended deceased
6. DA	TE OF BIRTH (month, day, and year)	czz-1872	I last say h — a live on My 2 40 , 19 3 ; Peath
7. AG	E Years Months	Days If LESS than	to have occurred on the date stated above 102.m.
	64 0	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
20	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	annul!	Cicute bosony theorbores My
occupation .	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Chymi Endocalit for
8	Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Soffertamore Cloke
12. BI	IRTHPLACE (city or town) (State or country)		Other Coatributory Causes of importance:
	3. NAME 17. Felhers	~ 74. 1. 9. 1. 1.	
= -	A BIRTURI ACE (city or Assum)	- June	Nowe of annual and
- 1	4. BIRTHPLACE (city or town) (State or country)	un	What test confirmed diagnosis? Was there an autonomy
1	5. MAIDEN NAME Trucky	a. Floy	What test confirmed diagnosis?
15	6. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19.
ε	(State or country)	ww	Where did injury occur?
17. IN	FORMANT W. JUNE (Address) Elim	Ells mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BU	JRIAL, CREMATION, OF REMOVAL		Manner of Injury
	Place It Johns Mus	Date / 1937	Nature of injury
19. UN	NDERTAKER PIVI	mer out	24. Was disease or injury in any way related to occupation of deceased?
20. FII	LED 126 , 1937 4 37	aus Grager Kegistrar.	(Signed) Milher a Mencher

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. MINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE

TATE OF	MARYLAND-CERTIFICATE OF	DEATH	5
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1. PLACE OF DEATH	(2)
County Cecil,	Registration Dist. No.
Length of residence In city or town where death occurred dayrs	NoSt.,Walf death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. N of foreign birth?yrsmos
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gorskeys.	22. 1 HEREBY CERTIFY, That I ettended deceased fr
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Seys If LESS than 1 day, hrs. 1 or min.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, Putting of House only SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	Orimony course: Chronic interstitial neglection. Date of one Date of
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coatributory Canses of Importance:
13. NAME John Mc Cleary	
14. BIRTHPLACE (city or town) Marylago	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Elizabeth Gallaher 16. BIRTHPLACE (city or town) North Island (State or country) 17. INFORMANT May Itlem Julier	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Sharps Conducting to May 15, 19.3.7	Manner of injury
19. UNDERTAKER Johnson & Abernathy (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILEO MY (5, 1937, C, 5, 3, 2005) Registrar.	(Signed) 1 Control March

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance! 337 Gallstones String V. S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year